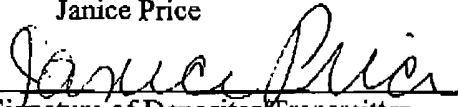


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF TRANSMISSION (37 CFR 1.8) Applicant(s): Douglas W. Versaw			Atty Docket No. 404082
Application No. 09/637,806	Filing Date August 11, 2000	Examiner Boehler, Anne Marie M.	Group Art Unit 3611
Title: MOTORCYCLE TRAILER HITCH			
Date of Transmittal: <u>January 19, 2005</u>			
I hereby certify that the following documents:			
<ol style="list-style-type: none">1. Transmittal Form SB/21 (1 page)2. Petition for Extension of Time (1 page, in duplicate)3. Amendment (8 pages)4. Fax Cover Sheet (1 page)			
are being transmitted via facsimile number 703-872-9306 to Group No. 3611, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450, on the date indicated above.			
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/637,806
	Filing Date	August 11, 2000
	First Named Inventor	Douglas W. Versaw
	Art Unit	3611
	Examiner Name	Boehler, Anne Marie M
Total Number of Pages in This Submission	Attorney Docket Number	404082

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission (1 page) Fax cover sheet (1page)
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